

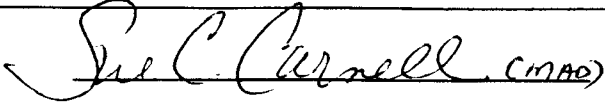
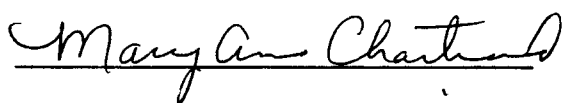
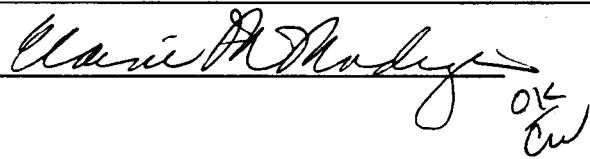
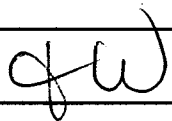
GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 12/14/2000	
2002 - 2003 (years)	Special Projects Grants Under Center for Disease Control & Prevention Funding (title)	<input checked="" type="checkbox"/> Initial (type)	<input type="checkbox"/> Amendment <input type="checkbox"/> Continuation
Legislation Authorizing this Grant Program: Public Act Section 301(a) and 311(b) (c) as amended; 42 U.S.C. 241 as amended; 42 U.S.C. 243(b)			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 93.938		<input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation)	
2. Type and Purpose of Grant Program: (check one)			
To enable recipients to establish or expand Coordinated School Health Teams (CSHT) to improve health, reduce risky behaviors, and enhance academic achievement of all children by implementing recommendations derived by using the School Health Index and Healthy Weight paper, and suggested policy changes to the local school board.		<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other <div style="text-align: right;">_____ (specify)</div>	
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input type="checkbox"/> Integrating Communities and Schools		<input checked="" type="checkbox"/> Bullying	
<input checked="" type="checkbox"/> Elevating Educational Leadership		<input type="checkbox"/> Character Education	
<input type="checkbox"/> Embracing the Information Age		<input checked="" type="checkbox"/> Creating Effective Learning Environments	
<input type="checkbox"/> Ensuring Early Childhood Literacy		<input type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators		<input checked="" type="checkbox"/> Safe Schools	
		<input type="checkbox"/> Other _____ (specify)	
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: Administrators, teachers, parents, students, and the community at a specified building level.			
6. Total Funds Awarded: \$4,000			
7. Eligible Applicants: School buildings that have a history of collaboration, a health promotion team in place, and attended the Great Lakes Wellness Conference in June 2002.			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
<u>Office</u> Office of School Excellence	<u>Unit</u> Learning Support Unit	<u>Contact</u> Elizabeth C. Haller	<u>Phone</u> 335-0565

10. OFFICE		
Office Director Approval Signature:	 Comments:	Date: <u>9-24-02</u>
Phone: <u>13592</u>		
11. BUDGET OFFICE		
Budget Office Approval Signature:	<u>N/A</u> Comments:	Date: _____
12. GRANTS OFFICE		
Grants Office Approval Signature:	 Comments: <u>Exhibit B is not required.</u>	Date: <u>9-27-02</u>
13. DEPUTY SUPERINTENDENT		
Deputy Superintendent Approval Signature:	 Comments:	Date: <u>9-27-02</u>
14. SUPERINTENDENT		
Superintendent Approval Signature:	 Comments:	Date: <u>9-27-02</u>

INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
 - Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 - Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 - Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

Exhibit A**2002-2003 Special Projects Grants Under
Center for Disease Control and Prevention
Funding**

<u>Applicant Recommended For Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Essexville-Hampton Public Schools	\$1,000	\$1,000
Pontiac School District	\$1,000	\$1,000
Sandusky Community Schools	\$1,000	\$1,000
Waterford School District	\$1,000	\$1,000

The school districts will identify the strengths and weaknesses of a school's physical activity and nutrition policies and programs; assist with the development of an action plan for improving student health; and involve teachers, parents, students, and the community in improving the school's environment. The school district may also incur additional benefits from conducting this project, such as: increasing the student's capacity to learn, reducing absenteeism, and improving physical fitness and mental alertness of the students.

2002-2003 Special Projects Grants Under Center For Disease Control & Prevention Funding

